



**S.O.T. (SPECIAL OPS TRAINING)**  
**ACHIEVE YOUR GOALS!**  
**JUST 30 DAYS, WE WILL CHANGE YOUR**  
**LIFE!**

Pricing see page 2

PRIMARY  
LOCATION:  
6751 S 900 E  
MIDVALE, UT 84047  
EMAIL US: [info@bootcampwithjess.com](mailto:info@bootcampwithjess.com)  
CALL US: (801) 205-3398 or (801) 419-2330  
FRIEND US: Bootcamp with Jess Midvale  
VISIT OUR WEB SITE: @ [www.bootcampwithjess.com](http://www.bootcampwithjess.com)

YOU, THE CONSUMER, MAY CANCEL THIS AGREEMENT AT ANYTIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE ON WHICH THE AGREEMENT IS EXECUTED. WRITTEN NOTICE IS REQUIRED TO CANCEL. PLEASE EMAIL OR MAIL TO THE ADDRESS ABOVE.

Date \_\_\_\_\_

Referred by: \_\_\_\_\_  
Ask about our referral program! Get free training!

## NO MORE 30lb VEST

### EQUIPMENT NEEDED (MANDATORY)

- GOOD FOOT GEAR (clear of any grass or debris)
- WATER (120 oz min daily)
- SMALL TOWEL

### EQUIPMENT (OPTIONAL)

- BOOTCAMP LOGO SWEATPANT / SHIRT (see studio)
- BELT (provided at studio)
- GLOVES

## ENROLLMENT PRICING

Monday – Friday

**60-day Phase \$500** Best value (two payments of \$250. 1<sup>st</sup> installment billed 1<sup>st</sup> day of training. 2<sup>nd</sup> installment billed 31<sup>st</sup> day of training).

**30-day Phase: \$300** (billed 1<sup>st</sup> day of training)

**20-day Phase: \$375** (billed 1<sup>st</sup> day of training)

### Split Phase (2-day per week)

30-day phase: \$150 (billed 1<sup>st</sup> day of training)

20-day phase \$187.5 (billed 1<sup>st</sup> day of training)

5-day Weekly rate: \$75

### Combat Spin

10-class punch pass	\$75
Single class	\$10

### MPRE 21-Week Meal Plan

Our 21-week meal plan was specifically designed to coincide with our specialized training. Pick up your copy on Kindle at: [amazon.com/Meal-Plan-Ready-Eat-21-Week-ebook](https://www.amazon.com/Meal-Plan-Ready-Eat-21-Week-ebook)

Payment types: Cash / Check / Credit / Debit Card / PayPal / Venmo: Jesse Thomas  
@bootcampstrong.

Checks made to Bootcamp with Jess. A \$20.00 fee will be charged on all return checks. Payment is made at the beginning of each 30-day or 20-day program. We do not hold or store payment information.

TERM OF ENROLLMENT IS BASED ON 5 TO 30 TRAINING DAYS.

Items of equipment or services provided by Bootcamp w/ Jess P.T. with a purpose are subject to deletion or change at the discretion of Bootcamp w/ Jess P.T. with a purpose.

If this health spa ceases operations at or changes the consumer's primary location in violation of Utah Code Subsection 13-23-3(7) or (8), no further payments under this contract shall be due to anyone, including any assignee of the contract or purchaser of any note associated with or contained in this agreement.

### TRAINING SCHEDULE

Monday – Friday consists of upper and lower circuit training.

If you have serious health issues you need written permission from your physician.

By signing below, I state that I have read and understand the enrollment regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

No makeup time will be allowed for any other missed days without prior consent. No makeup time will be allowed on discounted sessions or specials. Please advise Instructor of any other days you may need to miss. Holidays observed: New Years, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and Christmas.

ASSUMPTION OF RISK  
AND  
RISK OF ACCIDENT

It is advised but not required, that any client(s) obtain a physical examination from his or her physician prior to training. In recognition of the hazards connected with any physical activity, client(s) hereby knowingly and voluntarily waive(s) any cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could accrue. Any client(s) using the equipment, or the facilities does so at their own risk. It is further agreed that all exercises including the use of weights, number of repetitions, and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the client(s) sole risk. Client specifically agrees to indemnify Bootcamp with Jess for any cause of action other actions in direct connection with of the foregoing including reimbursement for attorneys' fees and costs and other requested relief.

By signing below, I state that I have read and understand the assumption of risk and risk of accident and that I voluntarily waive(s) any cause of action of any kind.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Cell phone #

\_\_\_\_\_  
Alt phone #

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Emergency Contact Name / Phone

## Health History Questionnaire

Have you had any:

Medical Problems? Yes \_\_\_ No \_\_\_ / Hospitalizations Yes \_\_\_ No \_\_\_ / Surgeries Yes \_\_\_ No \_\_\_

If yes to any, please list:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you taking any medications? Yes \_\_\_ No \_\_\_

Current Medications / Doses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you had any injuries? Yes \_\_\_ No \_\_\_

If yes, please list:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any other medical condition that would hamper you in doing extreme fitness training?

Yes \_\_\_ No \_\_\_

Lung Problems

Wheezing Yes \_\_\_ No \_\_\_ Asthma Yes \_\_\_ No \_\_\_ Short of breath Yes \_\_\_ No \_\_\_

Heart Problems

High blood pressure Yes \_\_\_ No \_\_\_ Chest pain or discomfort Yes \_\_\_ No \_\_\_

Breathlessness with exertion Yes \_\_\_ No \_\_\_ Breathlessness while lying flat Yes \_\_\_ No \_\_\_

Swelling of lower extremities Yes \_\_\_ No \_\_\_ Heart Attack Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Heart Surgery Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Muscle or joint pains Yes \_\_\_ No \_\_\_ Arthritis Yes \_\_\_ No \_\_\_ Gout Yes \_\_\_ No \_\_\_

Joint Swelling Yes \_\_\_ No \_\_\_

Depression Yes \_\_\_ No \_\_\_

Blood clots in the legs or lungs Yes \_\_\_ No \_\_\_

Fainting Yes \_\_\_ No \_\_\_ Seizure Yes \_\_\_ No \_\_\_ Paralysis Yes \_\_\_ No \_\_\_ Stroke Yes \_\_\_ No \_\_\_

Numbness Yes \_\_\_ No \_\_\_ Tingling Yes \_\_\_ No \_\_\_ Brain tumor Yes \_\_\_ No \_\_\_

Please list any other medical information you feel Instructor Thomas needs to know prior to beginning training. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Bootcamp with Jess (Bootcamp Jess & Company, BCWJ) has put in place preventative measures to reduce the spread of COVID-19; however, Bootcamp with Jess cannot guarantee that you or attendees will not become infected with COVID-19. Further, attending Bootcamp with Jess could increase your risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Bootcamp with Jess and that such exposure of infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Bootcamp with Jess may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bootcamp with Jess employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, or any kind, that I may experience or incur in connection with my attendance at Bootcamp with Jess or participation in Bootcamp with Jess programming (“Claims”). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Bootcamp with Jess, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Bootcamp with Jess, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Bootcamp with Jess program.

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Signature

Date

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Print Name